

**SF-900X**

SF# 47737

(R6/05-07)

Indiana Department of Revenue

**Amended Consolidated Special Fuel  
Monthly Tax Return**

For the month of: \_\_\_\_\_ 20\_\_

This amended report must be filed to correct any previous report with an error or omission.

Name of License Holder (As indicated on license)			License Number (As indicated on license)	
Mailing Address			FEIN/SSN	
City or Town	State	Zip Code	Business Telephone Number ( )	Contact Name

**Section 1: Filing Types**This is a consolidated return for all license types listed below. Place an "X" in the box to the left of **each** license type for which you are licensed.☐ **Supplier**    ☐ **Permissive Supplier**    ☐ **Importer**    ☐ **Exporter**    ☐ **Blender**    ☐ **Dyed Fuel User****Section 2: Computation of Tax**

	A As Reported or Last Determined	B Amount of Change Supporting Sched. Must be attached.	C Current Amount
1. Total Receipts (From Section A, Line 5 on back of return)	1.		
2. Total Non-Taxable Disbursements (From Section B, Line 11 on back of return)	2.		
3. Taxable Gallons Sold or Used (From Section B, Line 3, on back of return) <input type="checkbox"/> <input type="checkbox"/>	3.		
4. Gallons Received Tax Paid (From Section A, Line 1, on back of return)	4.		
5. Billed Taxable Gallons (Line 3 minus Line 4)	5.		
6. Tax Due (Multiply Line 5 by \$0.16)	6.		
7. Amount of Tax Uncollectible from Eligible Purchasers - Complete Schedule 10E	7.		
8. Adjusted Tax Due (Line 6 minus Line 7)	8.		
9. Collection Allowance (Multiply Line 8 by .016). If return filed or tax paid after due date enter zero (0)	9.		
10. Adjustment - Complete Schedule E-1 (Dollar amount only) <input type="checkbox"/> <input type="checkbox"/>	10.		
11. Total special fuel tax due (Line 8 minus Line 9 plus or minus Line 10)	11.		

**Section 3: Calculation of Oil Inspection Fees Due (For Periods Beginning after June 30, 2005 Only)**

1. Total billed gallons (From Section 2, Line 5)	1.		
2. Oil inspection fees due (Multiply Line 1 by \$0.01)	2.		
3. Adjustments (Schedule E-1 must be attached and is subject to Department approval) <input type="checkbox"/> <input type="checkbox"/>	3.		
4. Total oil inspection fees due (Line 2 plus or minus Line 3)	4.		


**Section 4: Calculation of Total Amount Due**

1. Total amount due (Section 2, Line 11 plus Section 3, Line 4)	1.		
2. Penalty (Penalty must be added if report is filed after the due date. 10% of tax due or \$5.00, whichever is greater. Five dollars (\$5.00) is due on a late report showing no tax due.)	2.		
3. Interest (Interest must be added if report is filed after the due date. Contact the Department for daily interest rates.)	3.		
4. Net tax due (Line 1 plus Line 2 plus Line 3)	4.		
5. Payment(s)	5.		
6. Balance due (Line 4 minus 5)	6.		
<b>For Department Use Only</b>			
Check Amount:	Check Number:		

Under the penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I further declare that complete and proper records are on file at the address indicated above for all fuel reported on this return.

Taxpayer or Authorized Agent	Typed or Printed Name	Title
	Date Signed	Telephone Number ( )

☐ **Please Check Box If Last Filing**    **Date Business Closed**    /    /Make check payable to Indiana Department of Revenue and mail to: **P.O. Box 6080, Indianapolis, Indiana 46206-6080** (Please include license number on check.)

	A As Reported or Last Determined		B Amount of Change (Supporting Schedule Must Be Attached)	C Current Amount
Section A: Receipts	From Schedule	Use Whole Gallons Only	Use Whole Gallons Only	Use Whole Gallons Only
1. Gallons Received Tax Paid (Carry forward to Section 2, Line 4 on front of return)	1			
2. Gallons Received for Export (To be completed only by licensed exporters)	2E			
3. Gallons of Nontaxable Fuel Received and Sold or Used For a Taxable Purpose	2K			
4. Gallons Imported Via Truck, Barge, or Rail, Tax Unpaid	3			
5. Total Receipts (Add Lines 1 through 4, carry forward to Section 2, Line 1 on front of return)				
Section B: Disbursements	From Schedule	Use Whole Gallons Only	Use Whole Gallons Only	Use Whole Gallons Only
1. Gallons Delivered Tax Collected and Gallons Blended or Dyed Fuel Used	5			
2. Diversions (Special fuel only) 	11			
3. Taxable Gallons Sold or Used (Carry forward to Section 2, Line 3 on front of return)				
4. Gallons Delivered Via Rail, Pipeline or Vessel to Licensed Suppliers, Tax Not Collected	6			
5. Gallons Disbursed on Exchange for Other Suppliers or Permissive Suppliers	6X			
6. Gallons Exported by License Holder	7			
7. Gallons Sold to Unlicensed Exporters for Export	7A			
8. Gallons Sold to Licensed Exporters for Export	7B			
9. Gallons of Undyed Fuel Sold to the U.S. Government - Tax Exempt	8			
10. Gallons Sold of Tax Exempt Dyed Fuel	10			
11. Total Non-Taxable Disbursements (Add Lines 4 through 10; carry forward to Section 2, Line 2 on front of return)				

**(Information Only) Reporting of IVP Numbers Given By the Department**

IVP Number	IVP Payment	IVP Number	IVP Payment
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

**Instructions for Completing  
Amended Consolidated Special Fuel Monthly Tax Return  
SF-900X**

**Who should file this return?**

You should file this form if you are an Indiana licensed special fuel supplier, permissive supplier, exporter, importer, or blender and you need to amend or change a previously filed Consolidated Special Fuel Monthly Tax Return, Form SF-900.

**Completing the Form**

You should refer to the instructions for your original Consolidated Special Fuel Monthly Tax Return, and related schedules, for the tax period being amended.

Enter your company's identifying information on form SF-900X and all accompanying schedules. Complete all information, leaving nothing blank. It is critical that you use the same license number on this report that is shown on your actual license. A separate SF-900X must be filed for each tax period requiring an amendment.

**Column A:** Complete column A by entering the amounts as reported on your original tax return, or as previously amended. (If previously amended, column A will be the amounts reported in column C of the previously filed amended return.)

**Column B:** Use this column to report changes in line amounts from those previously reported. Changes in column B **must** be documented by attaching the corresponding schedules, as amended. If there is no change to a particular line entry, enter zero (-0-).

**Column C:** This column is calculated by changing the amounts reported in column A according to any changes made in Column B. All lines must be completed even if some lines do not change.

**Amount Due:** If Column C, Section 4, line 4 is greater than Column C, Section 4, line 5, you owe additional tax. Enter this amount in Column C, Section 4, line 6. This is the amount of tax due. *Caution: The amount of tax you owe should be increased by the penalty and interest due on late payments. Be certain you have completed Section 4, lines 2 and 3 to reflect any penalty and interest due.\**

**Refund Due:** If Column C, Section 4, line 4 is less than Column C, Section 4, line 5, you are due a refund. Enter the amount of your calculated refund in Column C, Section 4, line 6 in brackets [example].

**Sign your return,** and be sure that it is mailed and postmarked within the statute of limitations period. Your claim for refund will be processed within 90 days of receipt; your refund will be issued, or you will receive an explanation for why the refund was denied or reduced.

**\* Licensed Indiana suppliers and permissive suppliers must make all payments by Electronic Funds Transfer.**

**What is the Statute of Limitations  
Period for Refunds?**

Generally, you have three (3) years from the date the fuel was purchased and the tax paid to claim a refund.

**What if I Have Other Questions?**

If you have other questions, contact our office by calling (317) 615-2630. You may email us at [fetax@dor.in.gov](mailto:fetax@dor.in.gov), or you can write to us at:

Indiana Department of Revenue  
P.O. Box 6080  
Indianapolis, IN 46206-6080